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HEALTHY CITY PROGRAMME IN AFRICA

Healthy Cities – The Global Programme

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Executive Summary

Health is the outcome of all the factors and activities which impinge upon the lives of individuals and communities. The last decade has seen an emerging understanding within development circles that living conditions are greatly affected by local action, by the work of local government and by community groups and organizations. *In addressing health and environmental issues and making interventions*, an integrated approach based on "settings" – the Healthy Cities approach - has proven to be most effective. It can involve people and organizations in the programs and activities needed for better health, and help to put the programs into operation.

A Healthy City project enables a city or neighbourhood to mobilize the human and financial resources required to address many health and quality of life issues. This realization has led to the implementation of city projects and networks in all regions of the world, and some implications of this rapid development for public health practice are apparent. Stronger partnerships between the health sector and local government organizations to promote local "settings" initiatives for health are appearing in many countries. From the viewpoint of WHO, one focus is now the development of "multi-city action plans" for major global priority issues, including AIDS, sanitation, women's health, and violence, to ensure that major public health programs are strengthened by wider community participation. A Healthy City project is a process to take these "big" programs and concepts "off the shelf" and to put them into action in towns and villages everywhere. The process works as a communication strategy that develops political and popular health awareness and support for health.

Recommendations

Ministries of Health (MOH) may lead in developing stronger partnerships between the health sector and local government organizations (such as African Union of Local Authorities, AULA, and its members, "Local Agenda 21" initiatives etc) to promote participatory and multi-sectoral health programs such as Healthy Cities in cities, towns and municipalities.

Health programs including major disease control initiatives may be implemented with wider community and private sector participation through Healthy City networks, that provide specific communication strategies for target audiences based on local settings.

MOH may support existing Healthy City networks (both French and English-speaking networks) in the African Region in developing city and municipal health plans, and in implementing disease prevention and control programs.

City networking – at national, regional and international levels - may be better exploited by individual cities and municipalities to solve local health problems.

1. Development of the Programme

The WHO Healthy Cities programme is a public health approach that builds upon the old idea that living and environmental conditions are responsible for health. It is a development activity that seeks to put health on the agenda of decision makers in cities, to build a strong lobby for public health at the local level, and to develop a local, participatory approach to dealing with health and environmental problems. The **living conditions** - including the physical environment, and the social and economic conditions - impact on the health status of people in all countries. However people living in low-income countries may be exposed to a double burden of ill health from factors associated with rapid urban development, and as well are exposed to the traditional hazards of underdevelopment such as diarrhoeal and respiratory diseases.

In both urban and rural areas worldwide, efforts to combat poverty and improve living standards have involved the development of industry (including cottage and small-scale industries) and/or intensification of agricultural production. Whilst these efforts have brought considerable benefits, they have also resulted in environmental problems such as pollution, chemical contamination and physical hazards in both settlements and workplaces. Occupational hazards are now as important in low-income countries as they are in the economically developed countries.

A new understanding of social health issues including violence is emerging. Wilkinson (1996) has shown how the effects of poverty are mediated through low social cohesion, marginalization of poor people, and lack of social participation. The possibility has emerged that the serious health problems of poor people are *not only* the result of a lack of clean water, a decent house, sanitation and basic services. They also result from despair, anger, fear, worry about job and housing insecurity, feelings of failure and social alienation.

In most countries lack of attention to health in settlements planning and management has resulted in a "down-stream" role for the health sector, whereby it deals with the diseases and injuries caused by unhealthy living conditions, while lacking a significant capacity to change them. Typical urban health and environment problems require government action and involve decisions on allocation of scarce resources. They involve issues of equity, with citizens, industry, government agencies, scientists and others having an interest in the outcome of the policy implementation process.

The Healthy City approach achieves intersectoral collaboration by developing a "city health plan" to make the linkage between living conditions and health. It exemplifies the "settings" approach. Settings are major social structures that provide channels and mechanisms of influence for reaching defined populations. Each setting has a unique set of members, authorities, rules and participating organizations. Generally these structures are organized for more deeply binding purposes than the single mission of health. Settings involve frequent and sustained interaction, and are characterised by patterns of formal and informal membership and communication. These qualities create efficiencies in time and resources for health education programming and offer more access and greater potential for social influence.

Mullen (1995) has identified these characteristics of settings that facilitate health promotion:

Three key developments have influenced the Healthy Cities movement:

Ottawa Charter
Alma Ata, urban PHC and the district health system
Emergence of Local Government as major development player

Where these 3 influences have all come together at once, a major Healthy City programme – possibly involving a large proportion of all the towns, cities and municipalities in a country – is likely to result.

Examples of such a convergence have been noted in many different countries and regions, for example in Tunisia, Cyprus, Canada, Thailand, Queensland Australia, Nicaragua, Brazil and Venezuela.

CHARACTERISTICS OF SETTINGS

Provide channels for delivering health promotion programmes
Diffusion of information occurs in, is facilitated by settings
Represent relationships between participants, authorities, and organisations
Provides access to gatekeepers
Provide entry points and access to specific populations
Unique practices and training traditions
Professional identities linked to settings

(1) Ottawa Charter

In 1986, the European office of WHO proposed a health promotion project based on the Ottawa Charter to be known as the Healthy Cities Project. The Ottawa Charter served as a milestone in the development of the more holistic approach needed to develop physical, social and economic environments, which better promote and maintain health of populations. The Charter enunciated five action areas to improve heath: building healthy public policy; creating supportive environments; strengthening community action; developing personal skills; and reorienting health services (WHO, 1986).

(2) Alma Ata and the District Health System

Principles of Health for All
Reduced inequalities in health
Emphasis on prevention of diseases
Intersectoral cooperation including reducing environmental risks
Community participation
Emphasis on primary health care in health care systems

WHO, from its beginning in 1946, has recognized the interaction of physical, mental and social factors in determining health. In 1978, WHO launched a major public health movement called "Health for All" at Alma Ata. Primary health care principles have had a major influence on health systems around the world, and PHC has been described as the key to achieving health for all. During the 1970's and 80's the main emphasis in community health in developing countries was on extending health service coverage in rural areas, but since then urban health problems have become the major concern of public health authorities (Rossi-Espagnet, WHSQ 1991). No less than rural districts, urban district require a comprehensive district health system that includes access to primary and higher levels of health care, and preventive health services and activities. The Healthy City programme has defined an important role for the health sector in relation to improving living conditions. The change moves the emphasis for the Ministry of Health away from environmental health services, towards health information, monitoring and analysis, health policy development, and health promotion and advocacy. In a number of countries the health sector is now active in initiating Healthy City programmes.

(3) Emergence of Local Government as major development force

The Agenda 21 specifically noted that the well-being of humans was "at the centre of concerns for sustainable development". In the absence of health leadership, development planning may focus on economic goals. It may ignore the health consequences of economic measures such as structural adjustment, and may fail to incorporate health measures into development activities undertaken by various sectors. The Rio Conference also placed local government firmly on the development agenda. A partnership model of service provision was articulated at HABITAT II, with services provided through the coordinated efforts of service users, local authorities and their affiliated service departments, private investors, local businesses, trade unions, religious groups, community organizations, central and provincial governments, and even international development and financial institutions. A consensus emerged that management and planning of municipalities may best carried out in a more decentralised manner at the level of local government, with national and provincial agencies playing a policy and support role.

2. Current Status of Healthy Cities/Infrastructure in 3 Representative Regions

Following its launch in 11 cities in Europe, the Healthy Cities Project unexpectedly grew to involve hundreds of cities and towns, both in the industrialized world and the developing world. An updated list of cities involved in projects appears on the WHO world-wide web page (www.who.ch). It is not comprehensive, as many cities in various networks and countries do not report on their progress to WHO, or may not have regular or any contact with WHO offices. However increasingly WHO regional and country staff are becoming involved in Healthy City networks in each region. In 1995 the Global Management Development Committee (MDC) of WHO endorsed an Inter-Regional Programme on Healthy Cities. Inter-programme working groups in HQ and Regional Offices played an important role in the preparations for World Health Day 1996, in which over 1000 cities around the world participated, and in WHO participation in HABITAT 2.

(I) African Region

A network of Healthy Cities in Francophone countries includes Brazzaville, Congo, Dakar-Medina and Rufisque, Senegal, Niamey and Dosso, Niger, Port Bouet, Ivory Coast. A coordinating office for this network has been set up in Dakar Senegal. There is a WHO Collaborating Centre at the Centre for Urban and Regional Planning, University of Ibadan, Nigeria, that supported the organization of a national Healthy Cities Conference in 1991 and a local Healthy City project in Ibadan. A WHO Collaborating Centre for Urban Health in South Africa is active in Healthy Cities projects in Johannesburg and Cape Town. Other project cities in Africa include Accra, Blantyre, Harare, Abidjan, Bamako and Mbale, and there is a project supported by UNDP/LIFE in Dar es Salaam Tanzania. The African Regional Office, in collaboration with Germany, sponsored a major regional conference on urban health in Harare in 1993, and also a regional conference and workshop on Francophone Healthy Cities in February 1999, in Gabon and Cameroon. The Francophone network in Africa has regular contact with the international Francophone Healthy Cities and its Scientific Council (currently the HQ is in France). Further conferences and workshops are planned in 1999 and 2000, including a Conference of the Anglophone Healthy Cities in October 1999.

Dar es Salaam

The Healthy City programme Dar es Salaam was inaugurated on World Health Day 1996. During the subsequent three years, several activities aimed at improving the health of low income urban dwellers through improved living and environmental conditions and better health services were implemented. The activities focused on raising awareness, mobilising community participation and developing partnerships with local municipal agencies and institutions.

Over the last year activities took place in relation to:

Awareness raising and building popular support for health activities

Development of a city health plan, with an emphasis on community initiatives in health in the city.

Promotion and support of food hygiene and safety, including a study on health and sanitation needs in market-places, as perceived by the vendors (October 1998 - March 1999), and an analytical study on contamination of street vended food, completed October 1998

Promotion and improvement of sanitation facilities and hygiene behaviour in primary schools and food market places

Establishment of broad based task forces for community mobilisation and participation in problem identification , planning and implementation of settings-based activities (schools, neighbourhoods, food-markets, workplaces)

Training of trainers, and the community on participatory methodology, to help communities to improve their environments and manage their water and sanitation facilities particularly for the prevention fo diarrhoeal diseases.

Supervision and monitoring of occupational health problems in twenty Dar es Salaam - based industries.

The Dar es Salaam Healthy City project has developed its evaluation framework. The objectives of the evaluation are to assess the progress in the terms of the main goals as stated by the funding organisations: to implement a formative evaluation of experiences intended to strengthen programme implementation in the future, and to increase the knowledge about Healthy Cities implementation and monitoring. An evaluation workshop was carried out in March 1999 to launch the evaluation.

The issue of lack of resources for the Healthy City Coordinator's office (including staff time, costs of being people together, workshops etc) has been a recurrent problem. A solution is emerging: there is increasing recognition by many health programs (disease control, health services etc) of the value of the Healthy City process for supporting their implementation, eg the task force mechanism, and so a number of programs can contribute to the common project infrastructure. Another solution is to garner support through active city networking at national and international levels, which is increasingly possible with the rapid spread of internet access.

health hazards if they lack health and environmental safeguards, more importantly they offer health opportunities. They can enhance the health status of the population if health promotion and protection measures are undertaken in implementing the development.

In the process of consultation with the community and many different agencies and groups, there is an effort made to develop a "vision" of the future direction of the city, and to understand its current (and past) strengths and qualities. A "Vision Workshop" may be held for this purpose, that can start with the question, "why is this city a fine place to live?". In all parts of the world an appreciation of the cultural heritage, and cultivation of a "sense of place" that celebrates the unique characteristics and history of each city is proving an important element in mobilising people to improve living conditions and address health and environment problems.

FORMULATING A MUNICIPAL HEALTH PLAN (MHP)

The preparation of a Municipal Health Plan (MHP) serves to generate awareness of health and environmental problems by municipal authorities, non-government agencies and communities, and mobilize resources to deal with the problems. The plan is not a "one-off" exercise, rather it is a process of consultation, data gathering and analysis, that opens new channels of communication that can facilitate ongoing cooperative work by community groups, municipal agencies, universities and colleges and the private sector.

WHO supports the development of MHP's in participating cities world-wide, with activities such as inter-country meetings in all regions on a regular basis, reviews of the progress of the participating cities, and the exchange of health and environmental technologies, and experiences with successful projects. Participating cities have their project coordinator entered into a international database, and newsletters and technical reports are regularly circulated.

Comprehensive health development approaches in a Healthy City Project include "healthy villages", "healthy schools", "healthy workplaces", "health promoting hospitals" and "healthy food-markets".

The "multi-city action plan" (MCAP) for a particular health issue or setting is embedded in the city health plan. In developing a MCAP a number of participating cities may decide to collaborate closely with each other in addressing a common health problem, eg malaria, sanitation, AIDS, diabetes, accidents etc. Each city simultaneously starts its own programme, while sharing information on the situation analysis, strategies, progress in implementation etc., with other participating cities. An MCAP is developed and implemented with a broad-based local team of people representing all stakeholders.

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